

# CITY OF NEW HAVEN

## Health Department



424 Chapel Street, 1<sup>st</sup> Floor • New Haven, Connecticut 06511 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

### PLEASE PRINT

NAME OF FETUS AS IT APPEARS ON CERTIFICATE			
DATE OF DELIVERY	PLACE OF DELIVERY- CITY	NAME OF HOSPITAL (If delivery occurred outside of a hospital, list the street address where the delivery occurred)	
MOTHER'S FULL NAME			MOTHER'S BIRTH SURNAME
FATHER'S FULL NAME (This item may be left blank if mother was unmarried and Acknowledgement of Paternity was not completed)			

### PERSON MAKING THIS REQUEST:

NAME: _____			
FIRST	MIDDLE	LASTNAME	
ADDRESS: _____			
NUMBER/STREET/UNIT #			
TOWN/CITY: _____	STATE: _____	ZIP CODE: _____	
TELEPHONE NO: _____	E-MAIL ADDRESS: _____		
In accordance with Connecticut law, access to fetal death certificates is restricted. (See Conn. Gen. Stat. § 7-51)*			
RELATION TO FETUS: _____		SIGNATURE: _____	

<p>Attach a copy of the <u>requester's</u> valid government issued photo ID or passport below:</p> <p>Or two (2) forms of the following:</p> <ul style="list-style-type: none"><li>Social security (SS) card</li><li>Paycheck Stub or a W-2 form showing SS # Current</li><li>school or college photo ID Automobile registration</li><li>Copy of utility bill or bank statement showing name and address</li></ul> <p><a href="http://ct.gov/dph">See our website ct.gov/dph</a> for other forms of acceptable ID</p>	<h4>Checklist</h4> <p>This request form</p> <p><b>FEE: \$20.00 per certificate. Submit a money order made payable to the City/Town (refer to the Town or DPH website cited above. DO NOT MAIL CASH OR PERSONAL CHECKS – they will not be accepted.</b></p> <p><b>Government issued photo ID or alternative ID documents Proof of the relationship that allows access to the fetal death certificate. Note that a parent named on the fetal death certificate does not need to submit proof of relationship.</b></p>
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**\* Sec. 7-51.** (a)(1) The department and registrars of vital statistics shall restrict access to and issuance of a certified copy of birth and fetal death records and certificates less than one hundred years old, to the following eligible parties: (A) The person whose birth is recorded, if such person is (i) over eighteen years of age, (ii) a certified homeless youth, as defined in section 7-36, or (iii) a minor emancipated pursuant to sections 46b-150 to 46b-150e, inclusive; (B) such person's child, grandchild, spouse, parent, guardian or grandparent; (C) the chief executive officer of the municipality where the birth or fetal death occurred, or the chief executive officer's authorized agent; (D) the local director of health for the town or city where the birth or fetal death occurred or where the mother was a resident at the time of the birth or fetal death, or the director's authorized agent; (E) attorneys-at-law representing such person or such person's parent, guardian, child or surviving spouse; (F) a conservator of the person appointed for such person; (G) a member of a genealogical society incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state; (H) an agent of a state or federal agency as approved by the department; and (I) a researcher approved by the department.

#### Request a Fetal Death Certificate from Town

Fetal death certificates are not open to the general public. You must be eligible to receive a certified copy of a fetal death certificate. You are eligible if you meet one of the following criteria:

- You are the parent or grandparent
- You are an attorney-at-law representing the parent
- You are a member of an incorporated genealogical society authorized to conduct business in the State of Connecticut

If you are requesting a fetal death certificate and you are not a parent named on the certificate, you will need to submit proof verifying that you are eligible to obtain the fetal death certificate.

#### Checklist for Obtaining a Certified Copy of a Fetal Death Certificate

- ☐ Make sure that you are eligible to obtain the fetal death certificate
- ☐ Complete the application
- ☐ Include your photo ID
- ☐ Provide documentation proving that you are entitled to obtain the fetal death certificate (applicable if the requester is not the parent listed on the fetal death certificate)
- ☐ Include the applicable fee